

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/567768</i>		FILING DATE				
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		2					53						
4		3					54						
5		4					55						
6	1						56						
7		1					57						
8		2					58						
9		3					59						
10		4					60						
11		5					61						
12		6					62						
13							63						
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15							65						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8	↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	12	←	0	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	14		1				TOTAL CLAIMS						